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Analysis of complaints lodged by patients attending a university hospital: A 4-year analysis

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ABSTRACT

Objective: Health practitioners often regard complaints concerning the quality of patient care in a negative light. However, complaints by patients and their relatives are an important source of information when considering ways in which to improve care. In the present study, we evaluated the complaints of patients and their relatives with regard to our hospital, such that we could take adequate remedial measures.
Method: Records of all patient complaints made between June 2008 and June 2012 were retrieved from the archives of the Quality Improvement Unit. The socio-demographic profiles of complainants, and their reasons for complaining, were analyzed using the SPSS statistical package.
Results: The results revealed that 453 complaints, relating to medical care, the attitude of staff, waiting times, and financial issues, were made against our hospital over 4 years. Of the complainants, 68.9% ($n = 312$) were male, and 31.1% ($n = 141$) were female. The majority (16.3% and 20.4%, respectively) of the complaints were due to medical care and staff attitude problems. The unit about which most patients complained was hospital administration (22.1%), and one hundred fifty-three (33.8%) complaints were about physicians. Complaint frequency was 0.22 per 1.000 visits.
Conclusion: Complaints may be potentially useful quality assurance tools, and can identify system flaws. The primary causes of complaints were medical care, attitude of the staff, and waiting time, and many of these issues may be remedied.

1. Introduction

Consumers are becoming increasingly well informed and more aware of their rights, leading to a rise in complaints about the quality of healthcare. Therefore, it is necessary to encourage further research to ensure more appropriate use of patient complaints, with the aim of improving healthcare services.

Patients complain for a variety of reasons if they become dissatisfied with the service they are receiving. These complaints may result from unmet expectations, or may reflect poor service quality. Health practitioners often perceive them in a negative light, and complaints can sometimes have a devastating effect on individuals and organizations. However, complaints can be viewed positively; they act as a benchmark to assess quality of care, as well as highlight the need to make interventions to rectify issues, and thereby minimize the number of future complaints. Quantitative measurement of patient complaints is a comparative measure of service quality, and several authorities believe that quality assurance measures should include patient satisfaction and an analysis of patient complaints.[1] However, it is evident that hospitals do not use patient complaints as a source of learning to promote higher standards of care.[2]

Our hospital has 940 beds, as well as three intensive care units that contain 110 beds, and approximately 500,000 patients are admitted annually. We analyzed data regarding patient complaints that were made between June 2008 and June 2012. The study aimed to determine the rate of complaints, their nature, and the profile of the people who lodged them, so that steps can be taken to minimize the number of complaints made in the future.

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2. Methods

The study entailed a retrospective analysis of complaints relating to the care of patients treated in xxxxxxxx University Hospital, between 1 June 2008 and 1 June 2012, and was approved by the Medical Ethics Committee of xxxxxxxx University.

In May 2004, the hospital set up a complaints department that deals with all complaints, whether made verbally, in writing, by telephone, or through other forms of electronic communication, received by the Health Ministry Communication Center (HMCC) and the Prime Minister's Communications Center (PMCC), as part of a quality improvement system. The complaints department benefits from a civil servant who is selected from experienced employees, according to the following criteria:

- Familiarity with the work flow of different hospital units;
- Good public relations and desirable work relations with the majority of the staff;
- Tolerant and a good listener.

This civil servant enters information relating to the time, origin, nature, and outcome of complaints into a computerized database. The complaints data for the present study were obtained from the Quality Improvement Unit (QIU) archives of our hospital. The sociodemographic profiles of complainants, the reasons for their complaints, and time of the complaints were recorded and analyzed.

These complaints were categorized under the following headings:

(I) Medical care (dissatisfaction with examination and treatment, misdiagnosis)
(II) Poor staff attitude
(III) Poor communication
(IV) Long waiting time
(V) Financial affairs
(VI) Other

The data frequencies were analyzed using SPSS for Win. Ver. 18.0 (SPSS Inc., Chicago, Illinois, USA).

3. Results

Between 1 June 2008 and 1 June 2012, 2,031,361 patients were admitted, and the hospital received 489 complaints. Of the complaints, 36 were excluded from the study, since the data relating to them were not completely understood.

Of the complaints received, 410 were made to the QIU, 23 to the HMCC, and 17 to the PMCC. In addition, three complaints were made using the hospital email address. Of the complainants, 312 (68.9%) were male and 141 (31.1%) were female (Table 1). The majority of complainants were civil servants (33.8%, $n = 153$), and had graduated from high school (33.8%, $n = 153$) (Table 1). One hundred fifty-three (33.8%) complaints were made about physicians, and most of these (20.4%) were related to poor attitude of the staff (Table 2). Rudeness and an apparent lack of sympathy for ill patients together with an 'off-hand', 'flippant', 'arrogant' and 'dismissive manner' were the main complaints levelled at staff by patients and relatives. In addition, most complaints (31.6%, $n = 143$) were made between 1 June 2008 and 31 May 2009 (Table 3), and occurred on a Monday (Table 4).

Table 1
The demographic distribution of complainants.

The relationship between gender and complaints		
Gender	*n*	*%*
Male	312	68.9
Female	141	31.1
The relationship between age and complaints		
Age	*n*	*%*
≤20	33	7.3
21–40	308	68
41–60	110	24.3
≥61	2	0.4
The relationship between occupation of complainants and complaints		
Occupation	*n*	*%*
Civil servant	153	33.8
Worker	73	16.1
Student	38	8.4
Self-employed	53	11.7
Retired	12	2.6
Housewife	71	15.7
Military	6	1.3
Unemployed	47	10.4
The relationship between educational status and complaints		
Educational status	*n*	*%*
Primary school	114	25.2
Secondary school	62	13.7
High school	153	33.8
University	116	25.6
Military academy	7	1.5
Relationship between the complainant and patient		
Kinship	*n*	*%*
Self	242	53.4
Child	57	12.6
Spouse	46	10.2
Friend	14	13.7
Parent	62	9.3
Sibling	11	2.4
Other	21	4.6

4. Discussion

A complaint is a condition or expression of dissatisfaction with, for example, staff, procedures, fees, and quality of care. In the present study, we investigated the proportion of admissions that were associated with written and electronic complaints, the type of complaint, their nature, and the profile of the people who lodged them over a 48-month period.

Other investigators have reported complaint rates ranging from 1.12 to 8 complaints/1000 patients. For example, Anderson et al. found this ratio to be 1.12 per 1000, Taylor et al. observed a

Table 2
The staff who were complained and causes of complaint.

The staff who were complained		
Staff	*n* (*453*)	*%*
Physician	153	33.8
Consultant physician	22	4.9
Hospital administration	100	22.1
Cashier (secretary)	63	13.9
Nurse	22	4.9
Security staff	18	4
Cleaning staff	15	3.3
Other	60	13.2
Main issues of the complaints		
Reason	*n* (*453*)	*%*
Medical care		
Dissatisfaction with treatment	43	9.5
Misdiagnosis	12	2.6
Dissatisfaction with *examination*	19	4.2
Poor attitude	118	20.4
Poor communication	32	7.1
Long waiting time	78	17.2
Financial affair	23	5.1
Other	83	18.3

Table 3
Distribution of complaints according to years.

Complainants per year and rates per 1.000 new cases				
Year	*n*	%	Total no. of patients seen	Complaint case rate (per 1.000 visits)
June 1 2008–May 31 2009	143	31.6	428,885	0.33
June 1 2009–May 31 2010	54	11.9	482,967	0.11
June 1 2010–May 31 2011	117	25.8	527,842	0.22
June 1 2011–May 31 2012	139	30.7	591,667	0.23

rate of 1.42 per 1000, Manouchehri et al. found a rate of 5.2 per 1000, and Siyambalapitiya et al. observed a ratio of 8 per 1000.[1,3–5] The rate of complaints found in the present study (0.22 per 1.000) is therefore lower than rates reported in previous studies, and we believe this may be due to the complaints department which was constructed as part of quality improvement system. But, for more scientific data, further studies are required. This department, which works to reduce complaints, benefits from a civil servant, who has good public relations, as well as desirable work relations with the majority of the staff, and is also tolerant and a good listener. In contrast to previous studies, we found that male patients (68.9%) generate more complaints than female patients (31.1%)[1,3] (Table 1). The reasons for this apparent gender difference are not clearly known and, as the data were only available in summary form, it precludes further analysis.

Many studies have shown that, although there are numerous causes, the main reason that complaints are made is staff attitude towards patients and their relatives.[1,3–7] In the present study, the majority of the complaints were directly due to poor attitude and communication (20.4% and 7.1%, respectively), and a significant amount were related to medical care (16.3%) (Table 2). These rates are similar to those previously reported.[1,3–6] Improper attitudes affect patient satisfaction and treatment compliance. We think that patient complaints may be prevented through careful examination and effective communication in most cases. Also, we believe that the communication issue should be included in medical education and in orientation programs to educate physicians with regard to appropriate communication skills between themselves and patients.

Table 4
The relationship between examination days, months and complaints.

The relationship between examination days and complaints		
Day	*n*	*%*
Monday	18	33.3
Tuesday	6	11.1
Wednesday	6	11.1
Thursday	5	9.3
Friday	9	16.7
Saturday	4	7.4
Sunday	6	11.1
The relationship between examination months and complaints		
Month	*n*	*%*
January	64	14.1
February	46	10.2
March	69	15.2
April	34	7.5
May	51	11.3
June	40	8.8
July	26	5.7
August	18	4
September	32	7.1
October	27	6
November	9	2
December	37	8.2

Approximately one-sixth of the complaints received were related to waiting time (Table 2). In many healthcare systems, there are waiting lists, and the main reason for a long waiting time is usually a lack of resources. Since overall patient satisfaction is partly determined by the perceived, rather than the actual, waiting time, this is important to consider and to explain to patients.[8] We believe that the number of complaints may be decreased by increasing the number of staff working in the hospital, or by providing the patients with an explanation with regard to the capacity and resources of the hospital.

Overall, the thirty-eight (24.8%) of complaints against physicians ($n = 153$) were due to poor attitude. Other studies reached the same conclusion.[7,9,10] We believe that in most cases, patient complaints can be prevented if kindness, sympathy and thoughtfulness are shown.

There were more complaints about patients who examined on Mondays compared to other days. It appears this may be because patients arrive in the hospital on Monday if they have not made an appointment with a polyclinic and on Friday if they could not complete their polyclinic examinations. These factors increase complaints. Therefore, in these times, the number of the staffs working in the hospital should be increased to decrease complaints. For this purpose, more staff should be requested from hospital administration.

The results of our study were presented as an outcome report to the hospital management, and correction of deficiencies related to hospital administration was requested from administration (increasing the number of staff, increasing the number of patient beds, etc.). Training courses related to communication and attitude were planned for all hospital staff, who also received education regarding the problems of patients and their relatives. In addition, the physicians about whom complaints were most frequently made were warned, and individual conversations were conducted with them.

5. Limitations

The present study has several limitations. First, complaints are often complex and some may have been incorrectly categorized, leading to measurement bias. There is no objective standard available to classify complaints. Second, the results are subject to selection bias. It is possible that some complaints were not passed on to hospital complaint department officers, and that the data underrepresent the true complaint rates.

6. Conclusion

The primary causes of the complaints received were insufficient medical care, inappropriate attitude of staff, and long waiting time. Complaints may be potentially useful quality assurance tools. A study of complaints may help identify gaps in our services, allowing for necessary corrections to policies or procedures.

Ethical approval
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Conflict of interest
The author(s) certify that they have no affiliation with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the manuscript. The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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